



HIV/AIDS

AND

AMERICAN INDIANS/ ALASKA NATIVES

What We Know:

- According to the Centers for Disease Control and Prevention (CDC) through December 2001, 2,537 American Indians/Alaska Natives (AI/AN) from all states and territories had been reported with AIDS.¹
- Like other communities of color, the number of AI/AN persons living with AIDS continues to rise.
- Of the states and territories with confidential HIV reporting, 962 American-Indians/Alaska Natives were reported with HIV (but had not developed AIDS) as of December 2001. These cases were predominantly among men 25-34 years of age and among women 20-39 years of age.

Within Native Communities, Those Most Affected by HIV (and who had not developed AIDS) Are:

- Men who have sex with men—**52 percent** of HIV cases reported among Native men (13 years and older) were attributed to male-to-male sexual contact.
- Women who were infected through heterosexual contact—**40 percent** of HIV cases reported among Native women (13 years and older) were attributed to heterosexual contact.
- Injection drug users—**17 percent** of HIV cases reported among Native men and women were attributed to injection drug use.

Ten states account for nearly two-thirds of the AI/AN population (OK, CA, AZ, NM, AK, WA, NC, TX, NY, MI). Of these states, nine had reported HIV data to the CDC as of December 2001. However, CA has not reported HIV cases to CDC, and two states only recently initiated HIV reporting.

The CDC has estimated that of the 800,000-900,000 persons living with HIV infection in the United States at the end of 2000, approximately 200,000 or more are infected with HIV and don't know it. Efforts are needed to increase knowledge of HIV status among American Indians and Alaska Natives.²

The major obstacles in the fight against HIV/AIDS in AI/AN communities are:

- Incomplete HIV data because not all states have adopted integrated HIV/AIDS surveillance.
- Frequent misclassification of an individual's ethnicity as Latino, White, or Asian.
- Lack of access to confidential testing and care.
- HIV diagnosis often made late in the progression of the disease.
- Many people do not recognize themselves or their partners as being at risk of HIV infection.

Let's Take Action!

In order to fight against HIV/AIDS in AI/AN communities, we need to address and better understand the following issues:

- The social, economic, spiritual, and geographic diversity that exists among different AI/AN communities.
- The need to improve surveillance systems with the cooperation of state and territorial health departments, the Indian Health Service, and the CDC.
- Related public health indicators of high-risk behavior that signal potential risk for HIV infection (e.g., high rates of teen pregnancy, sexually transmitted diseases, and substance or alcohol use/abuse).
- The inclusion of community leadership (parents, teachers, tribal leaders, and so on) in HIV/AIDS dialogues.

¹ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, 2001; Vol. 13 (No. 2).

² Centers for Disease Control and Prevention, *Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, Morbidity and Mortality Weekly Report*, December 10, 1999/48 (RR13);18.

HIV/AIDS is devastating communities of color around the globe in ways that we don't fully comprehend. What we DO know about HIV/AIDS is that it is preventable. Know the facts, and join us in the fight against HIV/AIDS!

For more information on HIV/AIDS in the United States, contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at www.cdcnpi.org

